

## Voluntary Assisted Dying

**Summary** This new Policy Directive outlines mandatory requirements for local health districts to establish appropriate clinical and administrative arrangements to support voluntary assisted dying as an end of life care option from 28 November 2023 in accordance with the Voluntary Assisted Dying Act 2022.

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**Audience** All Staff of NSW Health

## **Voluntary Assisted Dying**

### **POLICY STATEMENT**

The Voluntary Assisted Dying Act 2022 (the Act) will allow eligible people the choice to access voluntary assisted dying in NSW from 28 November 2023. Local health districts (LHDs) must have appropriate clinical and administrative arrangements in place to support voluntary assisted dying as an end of life care option from this date.

### **SUMMARY OF POLICY REQUIREMENTS**

#### **Legislative framework**

The Act sets out the framework for voluntary assisted dying in NSW, including the eligibility criteria, the process that must be followed and the roles and responsibilities of practitioners that are involved in the process.

#### **Policy requirements**

The requirements of this Policy Directive are in addition to the legal requirements of the Act.

This Policy Directive outlines mandatory requirements for LHDs to manage and respond to requests for information about and access to voluntary assisted dying, and to support patients through the voluntary assisted dying process. This includes:

- having processes and systems in place to safely and effectively:
  - respond to general requests for information about voluntary assisted dying
  - raise awareness of eligibility criteria and internal referral processes for voluntary assisted dying, including how the request for voluntary assisted is to be managed within different settings
  - respond to first requests made to any medical practitioner by a patient
  - provide patients with information about the full suite of palliative care and end of life options available to them, including, if aligned with their goals of care, voluntary assisted dying
  - support patients through the request and assessment process
  - comply with documentation requirements throughout the process
  - provide access to facilities for external authorised practitioners or persons required as part of the voluntary assisted dying process, who are not employed by or do not normally provide contracted services to a facility
  - manage requests in a timely manner for assessments of decision-making capacity

- support substance administration for patients in a variety of settings and circumstances
- respond to any questions or concerns from staff members about voluntary assisted dying and available pathways to escalate concerns to local executive or the NSW Ministry of Health
- manage and respect conscientious objections amongst staff whilst also ensuring care pathways for voluntary assisted dying are in place, and usual processes for accessing care or continuation of care are maintained
- link patients, families and staff to existing support services
- governance arrangements to support the ongoing service delivery of, and quality improvement processes for, voluntary assisted dying, and processes for documenting relevant information in the local patient medical record
- establishing voluntary assisted dying pathways, where appropriate, with:
  - local private health and residential facilities
  - primary care networks and general practitioners who may receive requests or who are participating practitioners
  - Schedule 3 affiliated health organisations
- endeavouring to have a sufficient number of authorised coordinating, consulting and administering practitioners within their services to support timely access to each step of the voluntary assisted dying process for patients
- compliance with requirements for the access, storage, administration and disposal or return of the voluntary assisted dying substance

### REVISION HISTORY

Version	Approved By	Amendment Notes
PD2023_037 November-2023	Secretary, NSW Health	New Policy Directive

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## 1. BACKGROUND

The [Voluntary Assisted Dying Act 2022](#) (the Act) establishes a framework that allows an eligible person to legally access a voluntary assisted dying substance that will cause their death. If a person meets all the eligibility criteria and follows the steps set out in the Act, they can self-administer the substance or can have the substance administered by an authorised medical practitioner or authorised nurse practitioner. These practitioners are referred to as authorised practitioners in this Policy Directive, see [section 1.3.2 below](#). The person may choose to access voluntary assisted dying in the community (for example, in their residential home or care facility) or whilst admitted to hospital.

Local health districts (LHDs) must have appropriate clinical and administrative arrangements in place to support voluntary assisted dying as an end of life care option.

### 1.1. About this document

This Policy Directive outlines mandatory requirements for LHDs to manage and respond to requests for information about and access to voluntary assisted dying, and to support patients through the voluntary assisted dying process. All LHDs must ensure they have protocols in place that are consistent with and address the content of this Policy Directive.

The requirements of this Policy Directive are in addition to the legal requirements of the Act.

### 1.2. Key definitions

Key definitions can be found at **Appendix 3**.

### 1.3. Legal and legislative framework

The Act sets out the framework for voluntary assisted dying in NSW, including the eligibility criteria, the process that must be followed and the roles and responsibilities of practitioners that are involved in the process. This framework is outlined in detail in the [NSW Voluntary Assisted Dying Clinical Practice Handbook](#).

The Act interacts with other laws in NSW to provide certain protections in relation to voluntary assisted dying. All steps in the process must occur in NSW for these protections to apply.

#### 1.3.1. Eligibility to access voluntary assisted dying

To be eligible to access voluntary assisted dying, a person must:

- be an adult, who is an Australian citizen or a permanent resident of Australia or who has been a resident in Australia for at least three continuous years,
- have been ordinarily resident in NSW for at least 12 months (residency exemptions may be considered on compassionate grounds for a person with a substantial connection to NSW),
- have at least one disease, illness or medical condition that:
  - is advanced and progressive,

- will, on the balance of probabilities, cause their death within six months (or within 12 months for neurodegenerative diseases like motor neurone disease), and
  - is causing the person suffering that cannot be relieved in a way the person considers tolerable,
- have decision-making capacity in relation to voluntary assisted dying,
  - be acting voluntarily and without pressure or duress, and
  - have an enduring request for access to voluntary assisted dying.

The Voluntary Assisted Dying Board (the Board) may consider a residency exemption on compassionate grounds for a person with a substantial connection to NSW, and who has not, at the time of making a first request, been ordinarily resident in NSW for a period of at least 12 months. However, all steps of the voluntary assisted dying process must take place in NSW.

### 1.3.2. Eligibility to become an authorised voluntary assisted dying practitioner

Medical practitioners and nurse practitioners must meet professional qualifications and eligibility requirements to act as coordinating, consulting or administering practitioners. They must also successfully complete the approved voluntary assisted dying training. These practitioners are collectively referred to as authorised voluntary assisted dying practitioners (authorised practitioners).

Eligible medical practitioners can apply to become an authorised practitioner and can act in the coordinating, consulting and or administering practitioner roles. Eligible nurse practitioners can apply to become an authorised practitioner and act in the administering practitioner role.

Further information about practitioner eligibility requirements is at **Appendix 1: Practitioner authorisation and participation guidance**.

### 1.3.3. Voluntary assisted dying in the context of end of life care

Voluntary assisted dying is a choice available to an eligible person who is approaching the end of their life. This is in addition to other choices that people may make about their end of life care, including palliative care.

A fundamental part of the legislative framework is that voluntary assisted dying should complement a person's right to access high-quality end of life care. A person's decision to seek information about, or access to, voluntary assisted dying must not impact their access to high-quality palliative care as part of best practice patient-centred care.

Healthcare workers **can** initiate a discussion with a patient about voluntary assisted dying but this **must** be part of a broader discussion about other treatment and palliative care options.

The Act is very clear that in the same discussion:

- medical practitioners must talk to the patient about palliative care and treatment options for their disease and what the outcomes might be. Patients should be made

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aware of end of life options that align with their goals of care, and practitioners should ensure that referrals to appropriate services, for example, palliative care or pain management, are in place.

- other healthcare workers must make sure the patient is aware that there are other treatment and palliative care options available to them, and that they should discuss these options with their medical practitioner.

An Advance Care Directive is an important way to document a person's wishes about health care and treatment should they lose decision-making capacity in the future. However, requests for voluntary assisted dying documented in a person's Advance Care Directive cannot be acted on. This is because the Act requires the person to have decision-making capacity at every step of the voluntary assisted dying process.

Once a person loses capacity, they are no longer able to access voluntary assisted dying, even if they had previously expressed a wish to do so. Additionally, no one can request voluntary assisted dying on behalf of another person (for example, a guardian or enduring guardian).

#### **1.3.4. Safeguards**

There are protections and safeguards outlined in the Act (Part 9 Section 130) for persons assisting access to voluntary assisted dying, or who are present when the substance is administered, in accordance with the Act. All steps in the process must occur in NSW for these protections to apply.

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## 2. ACCESS TO VOLUNTARY ASSISTED DYING

### 2.1. Local health districts

#### 2.1.1. Local pathways and systems

LHDs must have local pathways and systems in place to support patient access to voluntary assisted dying. This includes having processes in place to safely and effectively:

- respond to general requests for information (noting such requests may be received by any health care worker) when voluntary assisted dying is raised by patients or caregivers, including being clear when patients would not be eligible (for example, if the patient does not have a disease, illness or medical condition likely to cause their death within six months or within 12 months for neurodegenerative diseases like motor neurone disease) to prevent unnecessary referral or escalation
- raise awareness of internal referral processes for voluntary assisted dying including how the request for voluntary assisted dying is to be managed in different settings
- respond to first requests made to any medical practitioner by a patient who wishes to access voluntary assisted dying, including to medical practitioners who are not authorised practitioners
- provide patients with information about the full suite of palliative care and end of life options available to them, including, if aligned with their goals of care, voluntary assisted dying
- support patients through the request and assessment process for voluntary assisted dying in accordance with the [NSW Voluntary Assisted Dying Clinical Practice Handbook](#)
- comply with documentation requirements throughout the voluntary assisted dying process, including supporting authorised practitioners to submit all required forms via the [Voluntary Assisted Dying Portal](#) (the Portal) and updating the patient medical record
- provide access to facilities for external authorised practitioners or persons required as part of the voluntary assisted dying process, who are not employed by or do not normally provide contracted services to a facility, as required. This may include:
  - authorised practitioners (refer to **Appendix 1: Practitioner authorisation and participation guidance** for credentialling processes)
  - pharmacists from the NSW Voluntary Assisted Dying Pharmacy Service
  - care navigators from the NSW Voluntary Assisted Dying Care Navigator Service
  - other persons lawfully participating in the process, such as witnesses and interpreters (note that interpreters must be accredited by either the Health Care Interpreter Services or the National Accreditation Authority for Translators and Interpreters)
  - other support persons, such as other practitioners involved in the patient's care



- manage requests in a timely manner for assessments of decision-making capacity made by an authorised coordinating or consulting practitioner (note that under the Act, decision-making capacity in relation to voluntary assisted dying is presumed)
- support substance administration for patients, including:
  - patients who go through the full voluntary assisted dying process as an in-patient
  - patients who have completed the request and assessment process prior to admission and are then admitted to hospital specifically for administration of the substance
  - patients who experience clinical deterioration necessitating admission in line with their wishes
  - patients who wish to self-administer or have the substance administered in a non-hospital setting, including in their home
- respond to any questions or concerns from staff members about voluntary assisted dying, their organisation's role or their individual role in relation to voluntary assisted dying, relevant policy and procedures, and available pathways to escalate concerns to local executive or the NSW Ministry of Health (the Ministry)
- manage and respect conscientious objections amongst staff whilst also ensuring care pathways for voluntary assisted dying are in place, and usual processes for accessing care or continuation of care are maintained
- link patients, families and staff to existing support services, for example, grief and bereavement, chaplaincy, psychosocial support, Aboriginal health workers and multicultural workers where required

LHDs must have governance arrangements in place to support the ongoing service delivery of, and quality improvement processes for, voluntary assisted dying. This includes the identification of an executive lead with ongoing responsibility for voluntary assisted dying, and having clear pathways for clinical review processes, escalation, and decision-making.

Documentation supporting the voluntary assisted dying process will primarily be captured by the Portal. LHDs must also have processes in place for documenting relevant information in the local patient medical record. The Act outlines certain information that must be recorded in a patient's medical record at certain stages of the voluntary assisted dying process (this is explained in the [NSW Voluntary Assisted Dying Clinical Practice Handbook](#)). Although the Act specifically details this, it does not remove the requirement for clinical encounters to be well-documented, and practitioners must still comply with usual processes for medical record-keeping and other documentation requirements.

Voluntary assisted dying pathways must be patient-centred and embedded wherever possible in existing clinical pathways. This is particularly important within clinical streams that are likely to see patients who may be eligible for voluntary assisted dying, for example, oncology/haematology/BMT, neurology, respiratory medicine and palliative care.

To support access within a range of settings, LHDs must consider voluntary assisted dying pathways with local private health and residential care facilities.

A private hospital may request that a patient is transferred to another facility for the purpose of undergoing part of the voluntary assisted dying process, as long as this does not cause serious harm to the patient (refer to sections 93-97 and 102-106 of the Act), adversely affect access to voluntary assisted dying, prolong suffering or incur financial loss. Usual organisational policies and procedures relating to patient/resident transfer and clinical handover to and from public health facilities should be followed.

Further information about the rights and obligations of private entities is provided in [Private entity guidance](#).

### **2.1.2. Coordinating, consulting and administering practitioners (authorised practitioners)**

LHDs must endeavour to have a sufficient number of authorised coordinating, consulting and administering practitioners within their services to support timely access to each step of the voluntary assisted dying process for patients.

LHDs must ensure that medical practitioners and nurse practitioners participating in voluntary assisted dying:

- are eligible to act as a coordinating, consulting or administering practitioner in accordance with the Act (which can be verified by documentation issued by the Ministry)
- have appropriate appointments and delineation of clinical privileges to undertake the functions of authorised coordinating, consulting and administering practitioners at relevant facilities within the LHD, in accordance with existing policies and procedures.

It is the responsibility of authorised practitioners to adhere to all the requirements of their position in accordance with the Act. This includes ensuring that witnesses to the Written Declaration (section 44 of the Act) and the substance administration (section 63 of the Act) steps of the voluntary assisted dying process meet the eligibility criteria. It also includes ensuring that they are eligible to act as a coordinating, consulting or administering practitioner for each individual patient to whom they are providing services relating to voluntary assisted dying (for example, is not a family member of the patient and would not benefit in any way from the patient's death, refer to section 18(d)(e) of the Act).

LHDs should maintain awareness of practitioners within the district who are authorised to be coordinating, consulting and administering practitioners. The NSW Voluntary Assisted Dying Care Navigator Service has access to the statewide register of authorised practitioners and can provide assistance connecting practitioners and patients as required. (Refer below to section 2.3.2 and 2.3.3 of this Policy Directive for further information)

Further information about practitioner participation is provided in **Appendix 1: Practitioner authorisation and participation guidance**.

### **2.1.3. Voluntary assisted dying substance**

LHDs must ensure:

- access to the voluntary assisted dying substance only occurs through the dispensing of a prescription by the NSW Voluntary Assisted Dying Pharmacy Service

- staff comply with the Poisons and Therapeutic Goods Act 1966 and the Poisons and Therapeutic Goods Regulation 2008 (as amended by the [Poisons and Therapeutic Goods Amendment \(Voluntary Assisted Dying\) Regulation 2023](#)), including in relation to the storage, administration and destruction of the voluntary assisted dying substances including:
  - secure storage of a voluntary assisted dying substance that is kept at a health care establishment on behalf of a patient with their permission
  - keeping the means to unlock the steel box containing the voluntary assisted dying substance secure
  - safe management, disposal and documentation by pharmacists of the voluntary assisted dying substances
- when a patient who has chosen the self-administration pathway has been admitted to hospital and requests access to the authorised substance, they must do so in a clear and unambiguous way and be able to self-administer the authorised substance.
- the return of the voluntary assisted dying substance to the patient in a reasonable timeframe and without undue delay at all times, should the patient choose to self-administer the substance whilst admitted to hospital.

It is the responsibility of authorised practitioners to comply with the Act and adhere to protocols detailed in the NSW Voluntary Assisted Dying Prescription and Administration Handbook (*this is a restricted document and is provided to eligible medical practitioners and eligible nurse practitioners that have been authorised as a voluntary assisted dying practitioner. A hard copy will also be provided to the Director of Medical Services at each LHD*).

## 2.2. Justice Health and Forensic Mental Health Network

The role of Justice Health and Forensic Mental Health Network will be to link patients in custody who request information about or access to voluntary assisted dying with support services and authorised practitioners, and assist those services and practitioners with accessing the patient in appropriate settings and circumstances. By and large, this will be coordinated with the service that is treating the patient for the condition that has resulted in their eligibility for voluntary assisted dying.

## 2.3. NSW Voluntary Assisted Dying Support Services

Northern Sydney Local Health District hosts the NSW Voluntary Assisted Dying Support Services that support voluntary assisted dying activity across NSW and respond to enquiries about voluntary assisted dying from the wider community. The Support Services comprise three inter-linked operational services:

- NSW Voluntary Assisted Dying Care Navigator Service
- NSW Voluntary Assisted Dying Pharmacy Service
- NSW Voluntary Assisted Dying Access Service, providing outreach medical support

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### **2.3.1. NSW Voluntary Assisted Dying Care Navigator Service**

The NSW Voluntary Assisted Dying Care Navigator Service provides assistance to people considering voluntary assisted dying, their family, friends and carers. (Note that patients under the care of the public system will generally be supported by their LHD). This service can also support health practitioners and health service providers to navigate the voluntary assisted dying pathway.

The Care Navigator Service will:

- maintain a central list of coordinating, consulting and administering practitioners
- provide information and support to patients and other community members with questions about or wishing to seek access to voluntary assisted dying, advising them on how to raise voluntary assisted dying with their clinical care team, and in some circumstances, connecting them with coordinating, consulting or administering practitioners and voluntary assisted dying contacts within their LHD
- support queries from LHDs and practitioners, and coordinate ongoing training and support for coordinating, consulting or administering practitioners
- maintain the NSW Voluntary Assisted Dying Access Service (see section 2.3.3 of the Policy Directive below).

The Care Navigator Service is available on:

- 1300 802 133
- [NSLHD-VADCareNavigator@health.nsw.gov.au](mailto:NSLHD-VADCareNavigator@health.nsw.gov.au).

### **2.3.2. NSW Voluntary Assisted Dying Pharmacy Service**

The NSW Voluntary Assisted Dying Pharmacy Service is responsible for coordinating the safe procurement, supply and disposal of the voluntary assisted dying substance across NSW. The Voluntary Assisted Dying Pharmacy Service supports patient access to the voluntary assisted dying substance.

The Pharmacy Service must ensure:

- pharmacists working for the Pharmacy Service are appropriately authorised, qualified and trained to dispense and dispose of the voluntary assisted dying substance in accordance with the Act
- procedures are established to ensure safe management, supply and disposal of the voluntary assisted dying substance in accordance with the Act and the Poisons and Therapeutic Goods Act and Regulation
- access to the voluntary assisted dying substance is provided to patients and practitioners in accordance with the Act, and is accompanied by relevant training in the preparation and use of the substance.

### **2.3.3. NSW Voluntary Assisted Dying Access Service**

The NSW Voluntary Assisted Dying Access Service comprises a pool of authorised practitioners that provides medical outreach support and will be available to support equity of access across NSW, particularly in regional and rural locations.

The Access Service is in addition to eligible practitioners who can apply to become authorised practitioners as part of their role within the public system or in the community. LHDs must make every attempt to provide authorised practitioners locally prior to contacting the Access Service.

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### 3. APPENDICES

#### 3.1. Appendix 1: Voluntary assisted dying – Practitioner authorisation and participation guidance

##### **Purpose**

This guidance describes the administrative arrangements to manage the participation of practitioners in voluntary assisted dying. It describes the application process for medical practitioners and nurse practitioners seeking to provide voluntary assisted dying services. It also provides guidance regarding the participation of practitioners in NSW Health facilities, including guidance on practitioner appointments, employment and delineation of clinical privileges in relation to voluntary assisted dying.

##### **Background**

Under the [Voluntary Assisted Dying Act 2022](#) (the Act), medical practitioners and nurse practitioners are required to meet specific criteria and complete mandatory training in order to act as a coordinating, consulting or administering practitioner.

Eligible practitioners are collectively referred to as authorised practitioners. This means the NSW Ministry of Health (the Ministry) has verified they meet the registration requirements in the Act, and they have successfully completed the approved voluntary assisted dying training and have access to the NSW Voluntary Assisted Dying Portal (the Portal). Practitioners will still need to ensure that they meet person-specific eligibility requirements before providing voluntary assisted dying services to a patient.

##### **Becoming an authorised voluntary assisted dying practitioner**

The Ministry manages the steps involved in becoming an authorised practitioner. This includes matters relating to:

- receipt of applications from practitioners
- verification of practitioner professional qualifications and eligibility
- practitioner access to mandatory training
- issuing documentation to practitioners
- practitioner access to the Portal
- notifying relevant stakeholders
- review and renewal processes relating to practitioner eligibility and mandatory training.

##### **Applications**

Medical practitioners and nurse practitioners can register to access the approved training and become an authorised practitioner via the Portal.

The following information will be required from all practitioners as part of their application:

- specified identification documents

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- Ahpra registration including details of any notations, conditions, undertakings or reprimands on their registration
  - practitioner registration type (qualification and experience)
  - HPI number (issued by Ahpra)
  - practitioner name (first and last)
  - practitioner contact details (phone and email)
  - details of primary place of work
  - whether they are a current NSW Health employee (Stafflink ID and local health district (LHD) if yes)
  - CV to confirm duration of practice for a medical practitioner with general registration.
  - proof of name change if name differs to qualifications or other documents.

LHD staff are strongly encouraged to discuss their intention to provide voluntary assisted services with their line manager or other relevant position prior to applying.

### ***Verification***

After the practitioner has submitted the application and all required information, the Ministry will verify that the practitioner meets the registration requirements in the Act.

### ***Training***

Practitioners that meet the registration requirements will be provided access to the approved mandatory training for voluntary assisted dying.

The training comprises online modules and an online assessment. Once the online components of the training are successfully completed, the practitioner will be posted a hard copy of the NSW Voluntary Assisted Dying Prescription and Administration Handbook. The practitioner will be required to confirm in writing that they have received and understand the content of this resource.

### ***Documentation***

Following successful completion of all components of the training, the practitioner will receive an outcome letter issued by the Ministry. The outcome letter will confirm that they are now an authorised practitioner, meaning:

- the practitioner's registration has been checked against the requirements in the Act
- the practitioner has successfully completed all requirements of the approved voluntary assisted dying training
- the practitioner has been granted access to the Portal.

LHDs can use documentation issued by the Ministry as evidence that a medical practitioner or nurse practitioner is eligible to provide specified voluntary assisted dying services. However, authorised practitioners must ensure they meet the person-specific eligibility requirements of the Act before providing relevant services to a patient.

### ***Notification***



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After the outcome letter has been issued and the practitioner has been given access to the Portal, the NSW Voluntary Assisted Dying Board (the Board) will be notified that the practitioner is eligible to provide specified voluntary assisted dying services (subject to the practitioner meeting person-specific eligibility requirements). The Board may share this information with the NSW Voluntary Assisted Dying Care Navigator Service.

Where the authorised practitioner holds a current appointment or has an employment relationship with NSW Health, the Chief Executive, Director of Medical Services and/or the Director of Nursing and Midwifery in the relevant LHD will also be notified.

Authorised practitioners who do not have a current appointment or employment with NSW Health will be advised that if a situation arises where a patient of theirs is admitted to a NSW Health facility and wishes to progress their access to voluntary assisted dying during this time, the practitioner will need to comply with usual policies and procedures for temporary or emergency appointments.

#### ***Review and renewal***

The Ministry will also manage review and renewal processes relating to practitioner eligibility and mandatory training as required.

#### **Practitioner appointments/employment and clinical privileges in relation to voluntary assisted dying**

LHDs have a responsibility to ensure all appointed clinicians provide services within the scope of their education, training and skills, and within the specific health facility's service delivery capacity.

LHDs are required to manage practitioner appointments/employment and delineation of clinical privileges in relation to voluntary assisted dying in accordance with existing policies and procedures. This includes having appropriate processes in place to manage the provision of voluntary assisted dying services by:

- authorised medical practitioners who hold specialist registration
- authorised medical practitioners who hold general registration and have practised for at least 10 years (coordinating/consulting) or at least five years (administering) as the holder of general registration
- authorised medical practitioners who are overseas-trained specialists who hold limited registration or provisional registration
- authorised nurse practitioners
- authorised practitioners with a current NSW Health appointment who provide services across more than one LHD
- authorised practitioners who do not have a current appointment with NSW Health.

Any temporary and/or emergency appointments must occur in a timely and patient-centred manner.



***Authorised practitioners with a current appointment with NSW Health***

An authorised practitioner with a current appointment or employment relationship with NSW Health may apply to have their relevant scope of clinical practice extended to include voluntary assisted dying services. LHDs must follow usual policies and procedures regarding review of clinical privileges. The authorised practitioner’s clinical privileges must be documented for each facility in which the authorised practitioner is expected to provide voluntary assisted dying services.

Where there is an arrangement between two or more LHDs for authorised practitioners from one district to provide voluntary assisted dying services to patients from another district, this arrangement must be documented between the LHDs to ensure appropriate clinical governance. This includes ensuring the authorised practitioner is credentialed and has appropriate clinical privileges to provide the relevant services.

***Authorised practitioners without a current appointment with NSW Health***

There may be circumstances where an authorised practitioner without a current appointment or employment relationship with NSW Health may be asked to provide voluntary assisted dying services to a patient in a NSW Health facility. This situation may be pre-planned or may arise at short notice.

In this situation, LHDs must follow usual policies and procedures relating to temporary appointments, including use of provisions for emergency situations where appropriate.

**Practitioner eligibility requirements**

Medical practitioners and nurse practitioners must meet specific criteria to provide voluntary assisted dying services. Eligible medical practitioners can participate in voluntary assisted dying as a coordinating practitioner, consulting practitioner, or administering practitioner. Eligible nurse practitioners can participate as an administering practitioner.

LHDs must have local processes in place to manage appointments and determine clinical privileges for all practitioners who choose to provide specified voluntary assisted dying services.

The table below sets out the eligibility criteria to act as a coordinating, consulting or administering practitioner:

<b>Role</b>	<b>Practitioner registration and experience</b>	<b>Training requirements</b>	<b>Person-specific requirements</b>
Coordinating practitioner	Medical practitioner who holds:	All practitioners must:	All practitioners must:
Consulting practitioner	<ul style="list-style-type: none"> <li>specialist registration, or</li> <li>general registration and has practiced in the medical profession for at least 10 years.</li> </ul>	<ul style="list-style-type: none"> <li>complete approved mandatory training.</li> </ul>	<ul style="list-style-type: none"> <li>not be a family member of the patient</li> <li>not know or believe that they will benefit</li> </ul>

<p>Administering practitioner</p>	<p>Practitioner must be:</p> <ul style="list-style-type: none"> <li>• a medical practitioner who holds specialist registration, or holds general registration and has practiced in the medical profession for at least 5 years, or is an overseas-trained specialist who holds limited registration or provisional registration, or</li> <li>• a nurse practitioner.</li> </ul>		<p>financially or materially from the death of the patient (beyond reasonable fees incurred as a practitioner), and</p> <ul style="list-style-type: none"> <li>• meet any other requirements that may be prescribed by regulations.</li> </ul>
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**Related policies**

- [Credentiaing & Delineating Clinical Privileges for Senior Medical Practitioners & Senior Dentists](#) (PD 2019\_056)
- [Staff Specialist Employment Arrangements across more than one Public Health Organisation](#) (PD 2016\_026)
- [Visiting Practitioner Appointments in the NSW Public Health System](#) (PD2016\_052)
- [NSW Health Nurse Practitioners](#) (PD2022\_057)

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### **3.2. Appendix 2: Principles under the Voluntary Assisted Dying Act 2022**

A person exercising a power or performing a function under the Act must have regard to the following principles:

- every human life has equal value
- a person's autonomy, including autonomy in relation to end of life choices, should be respected
- a person has the right to be supported in making informed decisions about the person's medical treatment and should be given, in a way the person understands, information about medical treatment options, including comfort and palliative care and treatment
- a person approaching the end of life should be provided with high quality care and treatment, including palliative care and treatment, to minimise the person's suffering and maximise the person's quality of life
- a therapeutic relationship between a person and the person's health practitioner should, wherever possible, be supported and maintained
- a person should be encouraged to openly discuss death and dying, and the person's preferences and values regarding the person's care, treatment and end of life should be encouraged and promoted
- a person should be supported in conversations with the person's health practitioners, family, carers and community about care and treatment preferences
- a person is entitled to genuine choices about the person's care, treatment and end of life, irrespective of where the person lives in NSW and having regard to the person's culture and language
- a person who is a regional resident is entitled to the same level of access to voluntary assisted dying and high-quality care and treatment, including palliative care and treatment, as a person who lives in a metropolitan region
- there is a need to protect persons who may be subject to pressure or duress
- all persons, including health practitioners, have the right to be shown respect for their culture, religion, beliefs, values and personal characteristics.

### 3.3. Appendix 3: Key definitions

The table below provides definitions for a selection of key terms relevant for this Policy Directive. This is not an exhaustive list. Further definitions can be found in the Act, related legislation or related documents (see Appendix 4).

\* Key terms marked with an asterisk are included in the Act (Schedule 1 Dictionary).

Term	Definition
<p><b>*Administering practitioner (relevant for practitioner administration only)</b></p>	<p>The authorised voluntary assisted dying practitioner responsible for administering the voluntary assisted dying substance to a patient who has chosen practitioner administration and has followed all the required steps in the process, including obtaining a substance authority from the Voluntary Assisted Dying Board.</p> <p>The coordinating practitioner is by default the patient's administering practitioner, but the role can be transferred after the prescription step.</p>
<p><b>* Authorised disposer</b></p>	<p>A registered health practitioner who is authorised by the NSW Health Secretary to dispose of the voluntary assisted dying substance.</p>
<p><b>Authorised voluntary assisted dying practitioner (authorised practitioner)</b></p>	<p>Although not used in the Act, this term refers to medical and nurse practitioners who meet the professional experience eligibility requirements in the Act and who have completed the approved voluntary assisted dying training.</p> <p>Note: Some authorised practitioners will only be eligible to undertake the role of administering practitioner</p>
<p><b>* Authorised supplier</b></p>	<p>A registered health practitioner who is authorised by the NSW Health Secretary to supply the voluntary assisted dying substance.</p>
<p><b>Care navigator</b></p>	<p>An employee of the NSW Voluntary Assisted Dying Care Navigator Service who can provide support, assistance and information relating to voluntary assisted dying.</p>
<p><b>Conscientious objection</b></p>	<p>Is when a person declines to participate in a lawful process or procedure due to their personal beliefs, values, or moral concerns.</p>
<p><b>* Consulting</b></p>	<p>The authorised voluntary assisted dying practitioner responsible for undertaking the consulting assessment</p>

<b>practitioner</b>	<p>for the patient.</p> <p>Note: the consulting practitioner must be a medical practitioner and meet the eligibility criteria under the Act.</p>
<b>* Coordinating practitioner</b>	<p>The authorised voluntary assisted dying practitioner who accepts a patient’s first request for voluntary assisted dying and is responsible for assessing and supporting them throughout the voluntary assisted dying process.</p> <p>Note: the coordinating practitioner must be a medical practitioner and meet the eligibility criteria under the Act.</p>
<b>Eligible person</b>	<p>A person that meets the eligibility criteria to access voluntary assisted dying as outlined in the Act.</p>
<b>Enduring request</b>	<p>A request made by the person seeking access to voluntary assisted dying that is not compulsive and expressed consistently over a period of time.</p>
<b>* First request</b>	<p>A clear and unambiguous request for access to voluntary assisted dying, made to a medical practitioner during a medical consultation, by the patient themselves. This is the first of three formal requests for access to voluntary assisted dying that are required during the request and assessment process.</p>
<b>Health care worker</b>	<p>A registered health practitioner or a person who provides health services or professional care services.</p>
<b>Medical practitioner</b>	<p>A registered medical practitioner.</p>
<b>Nurse practitioner</b>	<p>A person registered under the Health Practitioner Regulation National Law to practise in the nursing profession, whose registration is endorsed as being qualified to practise as a nurse practitioner.</p>
<b>NSW Voluntary Assisted Dying Care Navigator Service</b>	<p>The NSW Voluntary Assisted Dying Care Navigator Service provides support, assistance and information in relation to voluntary assisted dying to entities involved with voluntary assisted dying in NSW. This includes patients, the family, friends and carers of patients, health practitioners and residential facility managers and employees.</p>
<b>NSW Voluntary Assisted Dying Pharmacy Service</b>	<p>The NSW Voluntary Assisted Dying Pharmacy Service is responsible for coordinating the safe procurement, supply and disposal of voluntary assisted dying substances across NSW.</p>

<b>NSW Voluntary Assisted Dying Portal (the Portal)</b>	The Portal is a secure online platform used for the management of requests and submission of required documentation for voluntary assisted dying in NSW.
<b>NSW Voluntary Assisted Dying Support Services</b>	<p>This refers to the three inter-linked operational services hosted by Northern Sydney Local Health District to support voluntary assisted dying activity across NSW. It includes the:</p> <ul style="list-style-type: none"> <li>• NSW Voluntary Assisted Dying Access Service</li> <li>• NSW Voluntary Assisted Dying Care Navigator Service</li> <li>• NSW Voluntary Assisted Dying Pharmacy Service</li> </ul>
<b>* Palliative care and treatment</b>	<p>Care and treatment that:</p> <ol style="list-style-type: none"> <li>a) is provided to a person who is diagnosed with a disease, illness or medical condition that is progressive and life-limiting, and</li> <li>b) is directed at preventing, identifying, assessing, relieving or treating the person’s pain, discomfort or suffering to improve their comfort and quality of life.</li> </ol>
<b>* Pressure or duress</b>	Includes abuse, coercion, intimidation, threats and undue influence.
<b>* Request and assessment process</b>	<p>Consists of the following steps in the voluntary assisted dying process:</p> <ul style="list-style-type: none"> <li>• The first request,</li> <li>• The first assessment,</li> <li>• The consulting assessment,</li> <li>• The written declaration,</li> <li>• The final request, and</li> <li>• The final review.</li> </ul>
<b>Voluntary Assisted Dying Act 2022 (the Act)</b>	The NSW legislation that legalises and governs voluntary assisted dying in the State.
<b>* Voluntary Assisted Dying Board (the Board)</b>	An independent advisory and decision-making body established by the Act to perform functions related to voluntary assisted dying, such as monitoring the operation of the Act and making decisions to approve or refuse applications for voluntary assisted dying substance authorisations.

Voluntary assisted dying process	The process from the first request step until the notification of death.
* Voluntary assisted dying substance	A Schedule 4 or Schedule 8 poison approved by the NSW Health Secretary for use under the Act for the purpose of causing a patient's death.
Witness to substance administration (only relevant for practitioner administration)	The person in whose presence the voluntary assisted dying substance is administered, and who certifies in the <b>Practitioner Administration</b> form that the patient's request for access to voluntary assisted dying appeared to be free, voluntary and enduring. This person must meet eligibility criteria.
Witness to written declaration	A person in whose presence a patient completes their <b>Written Declaration</b> and who certifies in the <b>Written Declaration</b> that in their presence, the patient appeared to freely and voluntarily sign the declaration. This person must meet the eligibility criteria in the Act.
* Written declaration	The formal written request for access to voluntary assisted dying, made by the patient on the approved <b>Written Declaration</b> form, in the presence of two eligible witnesses. The written declaration can only be completed after the consulting assessment in which the patient has been found to be eligible for voluntary assisted dying. This is the second of three formal requests for access to voluntary assisted dying that are required during the request and assessment process.

## **4. RELATED DOCUMENTS**

### **4.1. Mandatory related documents**

The following documents must be complied with under this Policy Directive:

- [Voluntary Assisted Dying Act 2022](#)
- [NSW Voluntary Assisted Dying Clinical Practice Handbook](#)
- NSW Voluntary Assisted Dying Prescription and Administration Handbook (*this is a restricted document and is mandatory only for eligible medical practitioners and eligible nurse practitioners that have been authorised as a voluntary assisted dying practitioner. A hard copy will be provided to the Director of Medical Services at each LHD*)
- [Poisons and Therapeutic Goods Amendment \(Voluntary Assisted Dying Substances\) Regulation 2023 \[NSW\]](#)

### **4.2. Other related documents**

- [NSW Voluntary Assisted Dying Private Entity Guidance](#)
- [NSW Health Voluntary Assisted Dying webpage](#)